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Revision: 2

MILWAUKEE COUNTY EMS PRACTICAL SKILL TRACTION SPLINTING

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Signature:	
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Purpose:			Indications:	
To provide stabilization and anatomic position of a femur fracture			Femur fracture	
Advantages:	Disadvantages:	Complications:		Contraindications:
Decreases pain, muscle spasm Prevent further damage	Application may delay transport Requires 2 EMTs to apply	Straps holding the splint in place may restrict peripheral circulation if soft tissue swelling		Ankle dislocation Knee dislocation Hip fracture
		occurs		

EMT #1: take position at injured extremity out of way of person applying splint EMT #1: assess circulation distal to fracture EMT #1: grasp and support calf just distal to knee with one hand and leg just proximal to ankle with other hand; allow sufficient space for application of ankle hitch EMT #1: apply longitudinal traction with sufficient force to restore alignment of injured thigh EMT #1: maintain manual traction until traction is assumed by splint EMT #2: apply countertraction if needed to assist in restoring alignment of injured thigh EMT #2: cover any open wound with sterile dressing and control bleeding EMT #2: adjust length of splint to patient, measuring against uninjured leg; lock splint EMT #2: position leg support straps on splint along its length EMT #2: release traction mechanism of splint and extend traction strap EMT #2: remove patient's shoe if likely to slip or if necessary to assess circulation EMT #2: position splint under injured extremity, sliding in from foot EMT #2: extend heel stand to support splint EMT #2: verify that ischial pad is against ischial tuberosity EMT #2: secure groin strap, taking care not to pinch external genitalia EMT #2: position padded ankle hitch on patient's ankle to maintain foot at right angle to leg when traction is applied EMT #2: attach traction mechanism to ankle hitch EMT #2: tighten traction mechanism until: a. EMT #1 reports mechanical traction equals manual traction; or b. patient acknowledges pain relief; or c. loss of distal pulses (loosen traction mechanism until pulses return) EMT #2: adjust limb support straps with one proximal to knee, one distal to knee and one proximal to ankle hitch; secure limb support straps Assess circulation, sensation and movement after splint application and frequently thereafter

NOTES:

• If the unit is not equipped with a pediatric traction splint, two padded board splints may be applied.